



Attorney Docket 084335-0143

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Toshio Kitamura et al.
Title: NOVEL CYTOKINE RECEPTOR-LIKE PROTEIN
Appl. No.: 09/913,728
Filing Date: 10/23/2001
Examiner: R. DeBerry
Art Unit: 1647

AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Reply and Information Disclosure Statement in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims		Previously		Extra Claims		Rate		Additional
	As		Paid For		Present				Claims Fee
	Amended								
Total Claims:	43	-	32	=	11	x	\$18.00	=	\$198.00
Independent Claims:	4	-	4	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$290.00	= \$0.00
CLAIMS FEE TOTAL									= \$198.00

- ☐ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/>	Information Disclosure Statement:	\$180.00	\$180.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$198.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$378.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$378.00 to cover extra claims fees and an Information Disclosure Statement filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 23, 2004

By



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Patent
Atty. Dkt. No. 084335-0143

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: KITAMURA, et al.
Title: NOVEL CYTOKINE RECEPTOR-LIKE PROTEIN
Appl. No.: 09/913,728
Filing Date: October 23, 2001
Examiner: Regina Deberry
Art Unit: 1647

AMENDMENT AND REPLY UNDER 37 C.F.R. §1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper responds to the Final Office Action mailed November 18, 2003. This paper is timely, as a Petition for an Extension of Time, Notice of Appeal, and the \$1280 fee were filed on May 18, 2004.

Amendments to the Claims begin on page 3.

Remarks begin on page 10.

Please amend the application as follows:

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